



# NATIONAL PROVIDER IDENTIFIER (NPI) REGISTRATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 43 (7-2006)

Name	Telephone Number	EIN/TIN/SSN	
Billing Address	City	State	Zip Code
Physical Address	City	State	Zip Code

	Taxonomy Code	Taxonomy Start Date	Taxonomy End Date
NPI Number			
Medicaid Numbers for above NPI			
Medicaid Number	Medicaid Number	Medicaid Number	Medicaid Number

	Taxonomy Code	Taxonomy Start Date	Taxonomy End Date
NPI Number			
Medicaid Numbers for above NPI			
Medicaid Number	Medicaid Number	Medicaid Number	Medicaid Number

Contact Person	Telephone Number
Contact E-mail Address	

As a member of the organization, I am authorized to sign this document on behalf of the provider/facility. And I authorize the NPI setup noted above all claim transactions.

Signature	Date
Printed Name	Title

### **Instructions for completing National Provider Identification (NPI) Registration:**

These instructions will assist in completing the National Provider Identification (NPI) Registration form (SFN 43). The information provided will be used to update legacy billing provider/clinic numbers and facility information for electronic and paper transactions. All sections must be filled out. **Print legibly and complete every section as accurately as possible.**

#### **PROVIDER INFORMATION**

1. Fill in all of the blanks with the requested information for the provider/facility.

#### **NPI INFORMATION**

1. NPI Number - Fill in the blank with the assigned 10-digit NPI number. If additional NPI numbers need to be submitted please complete on a separate application.
2. Medicaid Number - Fill in the blank with the North Dakota Medicaid Number. If additional space is needed please complete on a separate application.
3. Code - Fill in the blank with the Taxonomy Code associated with the NPI Number.
4. Taxonomy Start/End Date - Fill in the blank with the Taxonomy Code Start/End date.

#### **CONTACT INFORMATION**

6. Fill in all of the blanks with the requested information for the contact person.

#### **ORIGINAL SIGNATURE**

7. The signature section needs to be filled out completely and signed by the provider's authorized signer. If the provider's signature is not available, a signature of someone from the facility holding a management position or higher will be accepted.

**The completed form with the appropriate signature can be mailed to the following address. Or, if you prefer, it can be emailed to the following address.**

**Mailing Address:** North Dakota Department of Human Services  
Medical Services/NPI Help Desk  
600 East Boulevard Avenue - Dept. 325  
Bismarck, ND 58505

**E-mail Address:** [dhsnpihelpdesk@nd.gov](mailto:dhsnpihelpdesk@nd.gov)